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Page 1 of 4

Urgent

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Date: 15-Mar-06

To:
Examiner: Lezak, Arrienne M.
USPTO

Fax:
(571) 273-8300

Art Unit:
2613

From:
Sharmini N. Green

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(480) 715-7738

M/S:

Subject:

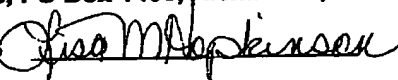
Application No.: 09/912,427 Inventor: Bradford Needham, et al.
Filed: 07/26/2001 Docket No. 42390P11167

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Date: March 15, 2006



Included in this transmission:

Fax Cover Sheet (1 page)
Transmittal Form (1 page)
Notice of Appeal (1 page submitted in duplicate)

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PTO/SB/21 (08-04)

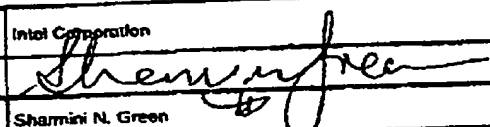
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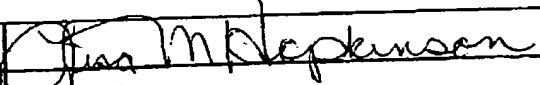
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/912,427
	Filing Date	07/28/2001
	First Named Inventor	Bradford H. Needham
	Art Unit	2613
	Examiner Name	Lutzak, Arlene M.
	Attorney Docket Number	42390P11167
Total Number of Pages in This Submission		4

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Intel Corporation		
Signature			
Printed name	Shamini N. Green		
Date	March 15, 2006	Reg. No.	41,410

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Typed or printed name	Lisa M. Hopkinson
Date	March 15, 2006

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 42390P11167	
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(d)(1)) <u>\$ 500.00</u> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$ _____</u> <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0221</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98) <input type="checkbox"/> attorney or agent of record Registration number _____ <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. <u>41,410</u> Registration number if acting under 37 CFR 1.34. _____			
<div style="display: flex; justify-content: space-between;"> <div> <u><i>Shawn N. Green</i></u> Signature <u>Shawn N. Green</u> Typed or printed name <u>(714) 669-1261</u> Telephone number <u>March 15, 2006</u> Date </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<input type="checkbox"/> Total of _____ forms are submitted.			

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